

# NATIONAL Assessment Centre Services

(wef 1 Jan 05) M420026105

|                          |  |                       |               |
|--------------------------|--|-----------------------|---------------|
| Date In: 28/1/20-10:30   | Job description                          | Date & Time Completed | Done by       |
| Ref No: NA/INC 200331/24 | SAS e-filing                             |                       |               |
| Veh No: JWA384           | E-mail (within 5hrs, AIC 2hrs)           |                       |               |
| D.O.A: 28/1/20-10:30     | i-Motor Claim Form                       | 28/1/20 10:43         | 28/1/20 10:43 |
| OD: TP Reporting Only    | i-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |               |
|                          | i-Photo Uploaded                         |                       |               |
| TP Insurer:              | Assessment/Survey Report                 |                       |               |
|                          | Ass't Report by Fax / Hand to Owner/Wksp |                       |               |

|  |  |                       |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: ( | Tel:   | Fax:                  |
| TP Particulars:                          | Veh No: GRT638   | INC ( ) / Non-INC ( ) |
| Owner / Driver: (                        | Tel:   |                       |
| Policy No: (                             | Period: (  | Cover Type: (         |
| Confirmed by: (                          | Date:  | Time:                 |
| Insured/Driver Liability: (              | %) [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%] |                       |
| Year of Registration: (                  | Warranty: YES ( ) / NO ( )                                 |                       |
| Excess: (\$                              | Loading: \$1,000 ( ) / \$2,000 ( )                         |                       |

General Remarks:-

( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

|   |                       |         |
|---|-----------------------|---------|
| Remarks: (INC hotline: 6788 6616)                       | Date & Time Completed | Done by |
| 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) |                       |         |
| 2) QC Check / Post Repair Inspection ( )                |                       |         |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )     |                       |         |

Injury : \_\_\_\_\_

| Date/Time | Actions |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |                      |                       |
|---------------------------------|---|----------------------|-----------------------|
| NA20026105                      | Invoice Preparation Checklist                   | Am't (\$)<br>In Bill | Am't (\$)<br>Add Bill |
| Claimant's Particulars:-        | 1) AR: Accident Reporting (\$30);               |                      |                       |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$80)    |                      |                       |
| Contact No:                     | 3) TP: Towing Fee \$40/\$45                     |                      |                       |
| Damaged Portion:                | 4) FT: Follow-Through Survey \$120              |                      |                       |
| QC Checked by (Engr-In-Charge): | 5) RT: Follow-Through Survey (Resurvey) \$30    |                      |                       |
| Auditors' Comments:-            | For claiming against INC Only (wef 10 Jan 2005) |                      |                       |
| Dat. 1:                         | 6) TR: Re-inspection \$75                       |                      |                       |
| Dat. 2 / 3:                     | 7) N1: Idac DA + SMRT Survey \$160              |                      |                       |
|                                 | 8) NTUC Additional Services:-                   |                      |                       |
|                                 | QD*   |                      |                       |
|                                 | *N5: Courtesy Car / Tpt Allowance \$5           |                      |                       |
|                                 | *N6: Repair Co-ordination \$10                  |                      |                       |
|                                 | *N7: Post Repair Inspection \$25                |                      |                       |
|                                 | *N8: DV / Collect Excess Coordination \$5       |                      |                       |
|                                 | TP (N11): TP (Non INC) against INC \$20         |                      |                       |
|                                 | 9) N12: Idac Mobile 30                          |                      |                       |
|                                 | Invoice dated                                   | Fee Charged          |                       |
|                                 | Invoice dated                                   | Fee Charged          |                       |



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

|                            |                                  |
|----------------------------|----------------------------------|
| Date Of Report             | 28/02/2020 10:32                 |
| Date Of Accident           | 27/02/2020 10:05                 |
| Exact Location Of Accident | CTE (SLE) AFTER BRADDELL RD EXIT |
| Country/State of Loss      | SINGAPORE                        |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLA38U               |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | LUCILLA SEA          |
| NRIC No                     | SXXXX261D            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-93889669 |
| Alternative Phone No        | OFFICE-93889669      |

### Vehicle Particulars

|  |                 |
|--|-----------------|
| Manufacturer   | MERCEDES-BENZ   |
| Model  | CLA180 (R18 BI) |
| Exact Purpose for which vehicle was being used at time of accident           | PRIVATE USE     |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO              |
| If No, Please state action to be taken                                       | THIRD PARTY     |
| Vehicle Category   | PRIVATE CAR     |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5109993343                             |
| Cover Note Number         |  |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | BENJAMIN TEOW JUN YIN |
| NRIC No              | SXXXX338D             |
| Date Of Birth        | 22/01/1996            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 19/09/2016            |
| Driving Experience   | 3 YEARS AND 5 MONTHS  |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-84999238  |
| Fax Number           |                       |
| Contact Number       | OFFICE-84999238       |
| EEmail Address       | NOEMAIL               |

|   |                                     |
|---|-------------------------------------|
| Address   | BLK 569 HOUGANG STREET 51<br>#16-93 |
| Postcode  | 530569                              |
| Was driver an employee of the Insured's Company     | NO                                  |
| If No, Relationship of the Driver with the Insured  | CHILDREN                            |
| Vehicle Registration Number of Driver's Own Vehicle | -                                   |
|   | -                                   |
|   | -                                   |
| Insurance Company of Driver's Own Vehicle           | -                                   |
|   | -                                   |
|   | -                                   |

#### General Information of the Accident

|                    |                            |
|--------------------|----------------------------|
| Type Of Accident   | COLLISION - MAJOR/MINOR RD |
| Weather Conditions | CLEAR                      |
| Road Surface       | DRY                        |

#### Other Information

|   |                             |
|---|-----------------------------|
| Was any foreign vehicle involved in this accident?  | NO                          |
| Number of vehicles (including own vehicle) involved in the accident                         | 2                           |
| Was any body injured in the Accident?   | YES                         |
| Was any injured conveyed to hospital by ambulance?  | NO                          |
| Was any other material or property damaged?   | YES                         |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO                          |
| Number of Passengers (Including Driver)   | 3                           |
| Passenger 1   | NAME: : -<br>GENDER: : MALE |
| Passenger 2   | NAME: : -<br>GENDER: : MALE |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY  |
| Police Station Address                    | <b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 65470000 - <b>FAX NO:</b>   |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200227/7014.

#### Attachment(s)

|   |     |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera?   | NO  |
| Was there any audio recorded?                 | NO  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |                    |
|-----------------------------|--------------------|
| Vehicle Registration Number | GBJ363B            |
| Vehicle Make/Model/Colour   |                    |
| Details Of Properties       |                    |
| Vehicle Category            | COMMERCIAL VEHICLE |
| Name of Driver              |                    |

NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

|   |                       |
|---|-----------------------|
| Name  | BENJAMIN TEOW JUN YIN |
| Approximate Age                                     |                       |
| Injuries Sustain                                    | BODY                  |
| Injured person in which vehicle?                    | SLA38U                |
| Were seat belts worn?                               | YES                   |
| Was this injured conveyed to hospital by ambulance? | NO                    |
| Address   |                       |
| Postcode  |                       |



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The Issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

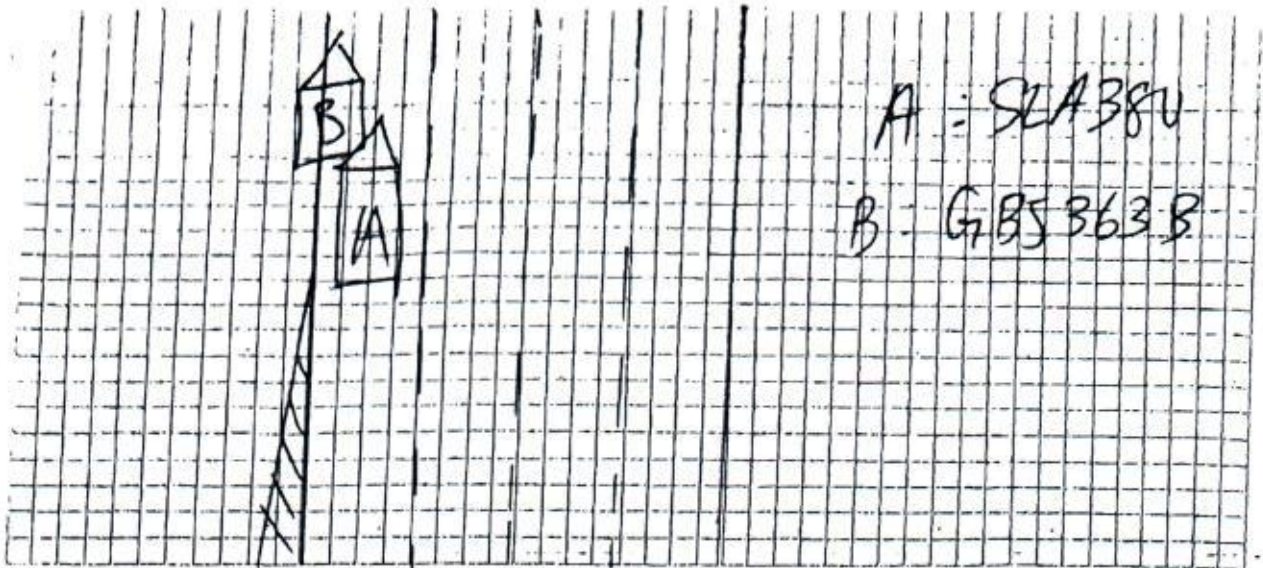
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





A : SLA38U  
B : GB5363B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten notes in the description area:

per police report

as

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:  
JAN 2017 10:00 AM

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Date of Accident : 27/2/2020 Accident Time: 1005 (24-HR-Format)  
Accident Place : CTE(SLE) After Braddell Rd Exit  
Vehicle Reg. No. (Car Plate No.) : SLA 38 U  
Vehicle Make/Model : Merc CLA180  
Insurance Company : NTUC Policy No. 5104993343  
Owner or Company Name / IC No. : LUCIA SEA  
Owner or Company Contact No. : 93889669 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : Benjamin Kow Jun Tin S96043380  
DRIVER'S Date Of Birth : 22/01/1996 DRIVER'S License Pass Date \_\_\_\_\_  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:  
DRIVER'S Address : 569 Hongkong St #16-93 S(530569)  
DRIVER'S Contact No./ Alt No. : 1) 84 999 238 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : benzhang38@gmail.com  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 3 male. Injured 5 days MC. 2 male.  
Was there any video Captured by car camera: YES (NO)  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: GBJ363 B  
Vehicle Make/Model: \_\_\_\_\_  
Name Driver: \_\_\_\_\_  
IC No. Driver: \_\_\_\_\_  
Driver's Contact & Add: \_\_\_\_\_

Vehicle Reg. No: \_\_\_\_\_  
Vehicle Make/Model: \_\_\_\_\_  
Name Driver: \_\_\_\_\_  
IC No. Driver: \_\_\_\_\_  
Driver's Contact & Add: \_\_\_\_\_





# SINGAPORE POLICE FORCE



T/20200227/7014

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20200227/7014

**REPORT OF A TRAFFIC ACCIDENT**

|   |            |                              |   |                    |                            |
|---|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made:<br>27/02/2020 13:47  |            | Vide Report No.:             |   | Station Diary No.: |                            |
| <b>Informant's Particulars</b>              |            |                              |   |                    |                            |
| Name of Informant:<br>BENJAMIN TEOW JUN YIN |            |                              | Address:<br>APT BLK 569 HOUGANG STREET 51 #16-93 SINGAPORE 530569 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S9604338D    |            |                              | Contact No.:<br>Home/Office: Mobile: 84999238                     |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN           |            |                              | Email:<br>benbenjaminben234@gmail.com                             |                    |                            |
| Sex:<br>Male                                | Age:<br>24 | Date of Birth:<br>22/01/1996 | Type of Informant:<br>Driver                                      |                    |                            |
| Race:<br>Chinese                            |            |                              | Language:<br>English  |                    | Institution / School Name: |
| Occupation:<br>SELF-EMPLOYED                |            |                              | Driving Licence Information:<br>Class: 3A Date of Expiry:         |                    |                            |

**General Information of the Accident**

|  |                  |                                    |   |  |
|--|------------------|------------------------------------|---|--|
| Type of Accident:  | Injury<br>Others | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>27/02/2020 10:05 | Type of Location:<br>Straight Road     |
| Location:<br><br>CENTRAL EXPRESSWAY                          |                  |                                    |   |  |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry               |   | Road Speed Limit:                      |
| Traffic Flow:<br>Dual Carriage Way                           |                  | Traffic Control:<br>Not Controlled |   | Traffic Volume:<br>Moderate            |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |                                    |   | Anyone conveyed by<br>ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Condition            | No of Passenger |
|-------------|------|------|-------|-------|----------------------|-----------------|
| GBJ363B     | Van  |      |       |       | Slightly<br>Damaged  | 0               |
| SLA38U      | Car  |      |       |       | Seriously<br>Damaged | 2               |

**Details of Person Involved**

|                                 |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |





**SINGAPORE  
POLICE FORCE**



T/20200227/7014

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20200227/7014

**CONTINUATION OF REPORT**

|                                   |                       |                  |  |                                  |
|-----------------------------------|-----------------------|------------------|--|----------------------------------|
| <b>Driver</b>                     |                       |                  |  |                                  |
| Name                              | BENJAMIN TEOW JUN YIN |                  | ID No.                                 | S9604338D                        |
| Related Vehicle                   | SLA38U (Car)          |                  | Contact No.                            | 84999238                         |
| Hospital/Clinic                   | NIL                   |                  | Class of Driving Licence & Expiry Date | Class: 3A<br>Date of Expiry: NIL |
| Date Treatment                    | 27/02/2020            |                  | Date Discharge                         | 27/02/2020                       |
| No. of Days granted Medical Leave | 05                    | Degree of Injury | Serious                                |                                  |

Brief Details.

I was the driver of my car bearing the plate SLA38U.

I was travelling on CTE towards SLE.  
I travelling on the left most lane.

After Braddell Road, i was still travelling straight when suddenly a van from the slip road entrance to CTE cut out onto my lane.  
The van plate is GBJ363B

I tried to apply brakes but to no avail and collided with him.

We shifted to the shoulder and alighted to exchange particulars.

Following I went to my workshop to file a report and I felt pain on my neck, back and shoulder.

Hence I went to consult a doctor and was given 5 days of MC from the doctor.

I wish to state that I have 2 male passengers on board my car.

I am making this report for insurance claim purposes.



**SINGAPORE  
POLICE FORCE**



T/20200227/7014

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20200227/7014

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
YEO GEAK ENG CECILIA  
Contact No.: 65476404

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
27/02/2020 13:47

Classification Of Case:



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5109993343

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLA38U**  
 Chassis Number : **WDD1173422N112976**
2. Name of Policyholder : **LUCILLA SEA**
3. Effective Date of Insurance : **31 May 2019**
4. Expiry Date of Insurance : **30 May 2020**
5. Persons or Classes of Persons entitled to drive#  
 (a) The Policyholder.  
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.  
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#  
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

|                                      |   |
|--------------------------------------|---|
| EXCESS (SECTION 1)                   | : S\$600  |
| EXCESS (SECTION 2)                   | : N/A   |
| WINDSCREEN EXCESS                    | : S\$100  |
| ADDITIONAL EXCESS                    | : N/A   |
| UNNAMED DRIVER EXCESS                | : PLEASE REFER OVERLEAF                           |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO  |
| INSURE WITH COE                      | : YES   |
| NCD PROTECTION                       | : NO  |
| TRANSPORT ALLOWANCE                  | : NO  |
| EXCESS WAIVER                        | : NO  |
| PRIMARY DRIVER                       | : BENJAMIN TEOW JUN YIN                           |
| NAMED DRIVER (1)                     | : N/A   |
| NAMED DRIVER (2)                     | : N/A   |
| HIRE PURCHASE COMPANY                | : HONG LEONG FINANCE LIMITED                      |
| SUM INSURED                          | : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS |

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : IVAN INSURANCE AGENCY PTE. LTD. (00000614519)  
 Date of Issue : 31 May 2019 09:37 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.  Date of Accident

Vehicle No. (For Motor)  Certificate Number

| Select                | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type    | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|--------------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5109993343 |                    | LUCILLA SEA       | S1686261D         | GPC     | drive CLASSIC | SLA38U      | SLA38U         | 31/05/2019    | 30/05/2020  |



### Policy Information

|                             |   |                             |                  |                                  |                  |
|-----------------------------|---|-----------------------------|------------------|----------------------------------|------------------|
| Policy No.                  | 5109993343                                    | Policyholder Name           | LUCILLA SEA      | Policyholder NRIC                | S1686261D        |
| Certificate No.             |   |                             |                  |                                  |                  |
| Address                     | BLK 569 #16-93 HOUGANG ST 51 SINGAPORE 530569 |                             |                  |                                  |                  |
| Product Name                | PRIVATE CAR INSURANCE                         | Plan                        |                  | Group Policy Flag                | N                |
| Policy issue Date           | 31/05/2019                                    | Effective Date              | 31/05/2019 00:00 | Expiry Date                      | 30/05/2020 23:59 |
| Excess Type                 | Per Accident                                  | All Claims Excess           |                  |                                  |                  |
| Third Party Excess          | 0   | Own damage Excess           | 600              | Windscreen Excess                | 100              |
| Additional Excess           | 0   | OS Premium                  | 0                |                                  |                  |
| Outside Singapore OD Excess | 600   | Outside Singapore TP Excess | 0                | Young/Inexperience Driver Excess |                  |
| Agent                       | IVAN INSURANCE AGENCY PTE.                    | Agent Tel.                  | 64400220         | GST Flag                         | Y                |
| Co-insurance Flag           | No  |                             |                  |                                  |                  |
| Open Policy Info            |   |                             |                  |                                  |                  |
| Certificate Info            |   |                             |                  |                                  |                  |

### Policyholder Mailing Address

|           |                |                       |                   |           |                  |
|-----------|----------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | BLK 569 #16-93 | Address 2             | HOUGANG ST 51     | Address 3 | SINGAPORE 530569 |
| Address 4 |                | Address Type          | Singapore address | Post Code | 530569           |
| Unit No.  |                | Related Policy Number | 5109993343        |           |                  |

### Insured Object: SLA38U

### Endorsements

| Sequence | Date of Endorsement | Endorsement Type              | Endorsement Status         | Endorsement Content  |
|----------|---------------------|-------------------------------|----------------------------|--|
| 1        | 02/07/2019 00:00    | Basic Information Endorsement | Endorsement Take Effective | Thank you for giving us the opportunity to serve you. We confirm that from 02 Jul 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: HONG LEONG FINANCE LIMITED<br>CHASSIS NUMBER: WDD1173422N112976<br>ENGINE NUMBER: 27091030445812<br>VEHICLE REGISTRATION NUMBER: SLA38U<br>ORIGINAL REGISTRATION DATE: 12 Sep 2014 |

Continue Cancel

## Claim Handling

Accident MT/1086139

|                                  |   |                               |   |                      |                              |
|----------------------------------|---|-------------------------------|---|----------------------|------------------------------|
| Policy No.                       | 5109993343  | Vehicle No.                   | SLA38U  | GST Registration No. |                              |
| Certificate No.                  |   |                               |   |                      |                              |
| Policyholder Name                | LUCILLA SEA   |                               |   | Policyholder NRIC    | S1686261D                    |
| Product Code                     | PRIVATE CAR INSURANCE   | Cover Type                    | drive CLASSIC   | Loading              | 0                            |
| Contact No. (Mobile)             | 93889669  | Contact No. (Office)          | 0   | Contact No. (Home)   | 0                            |
| Email Address                    |   | Special Remark                |   | eCode                | <input type="text"/>         |
| KPIK                             | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA                           | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason         |                              |
| NCD Protection                   | No  | NCD Entitlement(%)            | 10  | Private Hire         | No                           |
| <b>▼ Accident Details</b>        |   |                               |   |                      |                              |
| Report Date                      | 28/02/2020 10:41  | Accident Report Within 24 hrs | Yes   | Accident Type        | Collision - Major/Minor Road |
| Date of Accident                 | 27/02/2020  | Time of Accident hh:mm        | 10:05   | Country of Accident  | Singapore                    |
| Reporting Centre                 |   | Orange Force                  |   | ICM No.              |                              |
| Accident Location                | CTE (SLE) AFTER BRADDELL RD EXIT                              |                               |   |                      |                              |
| <b>▼ Total Excess Applicable</b> |   |                               |   |                      |                              |
| Excess Type                      | Per Accident  | Windscreen Excess             |   |                      | 100.00                       |
| OD Standard Excess               | 600.00  | TP Standard Excess            |   |                      | 0.00                         |
| YIED OD Excess                   | 0.00  | YIED TP Excess                |   |                      | 0.00                         |
| Additional Excess                | 0   |                               |   | Driver is Covered?   | Covered                      |
| Total OD Excess Applicable       | 600.00  | Total TP Excess Applicable    |   |                      | 0.00                         |

|                                     |    |                       |     |  |  |
|-------------------------------------|----|-----------------------|-----|--|--|
| <b>▼ Benefits</b>                   |    |                       |     |  |  |
| <b>▼ GST Registered Information</b> |    |                       |     |  |  |
| GST Registered                      | No | GST Registration Date |     |  |  |
| GST Registration No.                |    | GST Status Verified   | Yes |  |  |
| Modification History                |    |                       |     |  |  |

|                                       |                |                       |                   |           |                  |
|---------------------------------------|----------------|-----------------------|-------------------|-----------|------------------|
| <b>▼ Policyholder Mailing Address</b> |                |                       |                   |           |                  |
| Address 1                             | BLK 569 #16-93 | Address 2             | HOUGANG ST 51     | Address 3 | SINGAPORE 530569 |
| Address 4                             |                | Address Type          | Singapore address | Post Code | 530569           |
| Unit No.                              |                | Related Policy Number | 5109993343        |           |                  |

|   |   |                      |                   |                        |                  |
|---|---|----------------------|-------------------|------------------------|------------------|
| <b>▼ OI Driver Info</b>                 |   |                      |                   |                        |                  |
| Driver Name                             | BENJAMIN TEOW JUN YIN   | Driver Type          | Main Driver       | Driver DOB             | 22/01/1996       |
| Unnamed driver Name                     |   | Driver NRIC          | S9604338D         | Driving Experience     | 3                |
| Register Date of Driver License         | 19/09/2016  | Driver Age           | 24                | Contact No. (Home)     | 0                |
| Contact No. (Mobile)                    | 84999238  | Contact No. (Office) | 0                 | Address 3              | SINGAPORE 530569 |
| Address 1                               | BLK 569   | Address 2            | HOUGANG STREET 51 | Post Code              | 530569           |
| Address 4                               |   | Address Type         | Singapore address |                        |                  |
| Unit No.                                | 16-93   |                      |                   |                        |                  |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No.   |                   | Driver Insurer Company |                  |

|                                     |      |             |   |  |  |
|-------------------------------------|------|-------------|---|--|--|
| <b>Declaration</b>                  |      |             |   |  |  |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input checked="" type="radio"/> Yes <input type="radio"/> No |  |  |

Modification History

Claim 001 **New**

|   |                                 |                         |                                  |                            |                  |
|---|---------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type *  | OD-MX                           | Insured Name            | LUCILLA SEA                      | Insured NRIC               | S1686261D        |
| Contact No. (Mobile)                                | 93889669                        | Contact No. (Home)      | 63850438                         | Contact No. (Office)       | NIL              |
| Email Address                                       |                                 | OI Vehicle Number       | SLA38U                           | TP Vehicle Number          | GBJ363B          |
| Claimant Type Claimant Type *                       | Please Select                   | Type of Benefit *       | Please Select                    |                            |                  |
| Claimant Name *                                     |                                 | Claimant NRIC *         |                                  |                            |                  |
| Claimant Address                                    |                                 |                         |                                  |                            |                  |
| Claim Description                                   | SLA38U / GBJ363B ON 27 Feb 2020 |                         |                                  |                            |                  |
| Preferred Workshop Contact No.                      |                                 | Insured Liability *     | Not at Fault                     | Name of Preferred Workshop |                  |
| Require Finalisation                                | Yes                             | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report                 | Received         |
| Date Registered                                     | 28/02/2020 10:43                | Claim Close Date        |                                  | Date Received              | 28/02/2020 00:00 |
| Report Taken By                                     | Jackson                         |                         |                                  |                            |                  |
| <input checked="" type="checkbox"/> Print AK letter |                                 |                         |                                  |                            |                  |

Save Submit

Attachment

|                    |   |             |                  |
|--------------------|---|-------------|------------------|
| Accident No.       | MT/1086139  | Claim No.   | 001              |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 28/02/2020 10:44 |

| Path *               | Category *           | Confidential         | Urgency *            | Description *        |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |



☐ Send Message

| Attachment List  |   |                       |   |         |                                 |                |
|--|---|-----------------------|---|---------|---------------------------------|----------------|
| Attachment   | Uploaded By/Date  | Category              |   | Urgency | Description                     | Msg Sent? (CO) |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 28 Feb 2020 10:44 | NRIC/ Driving License | Y | Normal  | NRIC/ Driving License 2020-2-28 |                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 28 Feb 2020 10:44 | NRIC/ Driving License | Y | Normal  | NRIC/ Driving License 2020-2-28 |                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 28 Feb 2020 10:44 | SAS                   |   | Normal  | SAS 2020-2-28                   |                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 28 Feb 2020 10:43 | Photos                |   | Normal  | Photos 2020-2-28                |                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 28 Feb 2020 10:43 | Photos                |   | Normal  | Photos 2020-2-28                |                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 28 Feb 2020 10:43 | Photos                |   | Normal  | Photos 2020-2-28                |                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 28 Feb 2020 10:43 | Photos                |   | Normal  | Photos 2020-2-28                |                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 28 Feb 2020 10:43 | Photos                |   | Normal  | Photos 2020-2-28                |                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 28 Feb 2020 10:43 | Photos                |   | Normal  | Photos 2020-2-28                |                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 28 Feb 2020 10:43 | Photos                |   | Normal  | Photos 2020-2-28                |                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 28 Feb 2020 10:43 | Photos                |   | Normal  | Photos 2020-2-28                |                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 28 Feb 2020 10:43 | Photos                |   | Normal  | Photos 2020-2-28                |                |
| Video List   |   |                       |   |         |                                 |                |
| Uploaded By/Date   | Folder Date   | File Name             |   | Source  | Actor                           |                |
| <div>Display in New Window</div> <div>Scan and uploading</div> |   |                       |   |         |                                 |                |